

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS OF THE SENATE
AND LOBBYIST/REGISTRANT PACs**

11 FEB -5 AM 10:34

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
TEXANS FOR SENATOR JOHN CORNYN INC

ADDRESS (number and street) PO BOX 13026
 Check if different than previously reported. (ACC) AUSTIN TX 78711
 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00369033
 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)
 4. STATE DISTRICT TX 00
 For Candidates Only

5. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2) and/or Semi-annual Report
 October 15 Quarterly Report (Q3)
☒ January 31 Year-End Report (YE) and/or Semi-annual Report
 July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period
 Special (12S) Convention (12C)
 Election on M M / D D / Y Y Y Y in the State of See Line 6(b)
 (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period
 Election on M M / D D / Y Y Y Y in the State of See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
 This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or January 1 - June 30
 06 01 2013 through 12 31 2013
☒ July 1 - December 31

7. Total Reportable Bundled Contributions by (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
 Lobbyists/Registrants or Lobbyist/Registrant PACs 898440.00 898440.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kerry N. Cammack

Signature of Treasurer Kerry N. Cammack Date 01 31 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3L
02/2009

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